



February 9, 2021

The Honorable Deb Patterson  
Oregon Senate  
Senate Committee on Health Care  
900 Court St. NE, S-215  
Salem, OR 97301

RE: ASHA Comments on Telemedicine; SB 11

Dear Chairwoman Patterson:

On behalf of the American Speech-Language-Hearing Association, I write in opposition to Senate Bill 11, which reduces reimbursement for physical health services provided via telemedicine.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 211,000 members and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 2,100 ASHA members reside in Oregon.<sup>1</sup>

As the leading national organization for the certification and advancement of audiologists and SLPs, ASHA supports the development and use of telemedicine or “telepractice.” ASHA maintains a collection of professional practice documents, including a position statement that defines telemedicine as “the application of telecommunications technology to deliver professional services at a distance by linking clinician to client, or clinician to clinician for assessment, intervention, and/or consultation.”

These documents include a technical report and service delivery guidelines that may be accessed on ASHA’s website at <http://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/>.

ASHA strongly supports the use of telepractice and supports maintaining the reimbursement rate at the same level as face-to-face. ASHA does not support the 80% or more reduction rate for physical health services included in SB 11.

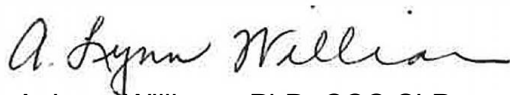
During the pandemic, many practitioners have been unable to deliver in-person services due to the high risk of virus transmission. Fortunately, practitioners have been able to provide the same quality services via telemedicine; however, practitioners continue to incur expenses related to their brick-and-mortar business, which they need to maintain for in-person services once the pandemic ends. Specialized equipment, computers, cameras, microphones, and other devices are necessary for also telemedicine that are not directly needed for in-person service provision.

Research demonstrates the equivalence of telemedicine to in-person service delivery for a wide range of diagnostic and treatment procedures for adults and children.<sup>2</sup> Studies have shown high levels of patient, clinician, and parent satisfaction supporting telemedicine as an effective alternative to the in-person model for delivery of care.<sup>3</sup> Telemedicine expands practitioners' availability to those in need—regardless of geographic location—saving time and resources for both the provider and the patient.

Despite proven benefits, telemedicine remains underutilized within audiology and speech-pathology practices due to a lack of clear state laws governing its use or mandating appropriate reimbursement for services delivered. Senate Bill 11 further complicates these barriers with the proposed reduced reimbursement rate.

Thank you for your consideration of ASHA's position on SB 11. If you or your staff have any questions, please contact Eileen Crowe, ASHA's director, state association relations, at [ecrowe@asha.org](mailto:ecrowe@asha.org).

Sincerely,



A. Lynn Williams, PhD, CCC-SLP  
2021 ASHA President

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<sup>1</sup> American Speech-Language-Hearing Association. (2020). *Oregon* [Quick Facts]. <https://www.asha.org/siteassets/uploadedfiles/Oregon-State-Flyer.pdf>.

<sup>2</sup> Grogan-Johnson, S., Alvares, R., Rowan, L., & Craghead, N. (2010). A pilot study comparing the effectiveness of speech language therapy provided by telemedicine with conventional on-site therapy. *Journal of Telemedicine and Telecare*, 16, 134–139.

<sup>3</sup> Ibid.